BEST AVAILABLE COPY

DATENT	A DDL IO	ATION CC	COETEDMIN	ATION RECORD
PAICNI	APPLICA	ALIUN FEI		ATION RECURD

Effective October 1, 2000

Application or	Docket	Number
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09738095

CLAIMS AS			S FILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE		OR	OTHER THAN		
TOTAL CLAIMS						Γ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/ 7 minus 20=		•			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	> minus 3 = *		*			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM P			RESENT					+135≈		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	<i>(</i> 2/2)	
	C	LAIMS AS A	MENDER) - PAR	TII			TOTAL		JOH	OTHER	7/ D
		(Column 1)	WILITOLL	(Colu		(Column 3)	_	SMALL E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	1 [X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	YENDEN	CLAIM		J	+135=		OR	+270=	
					L	TOTAL			TOTAL			
							Α	DDIT. FEE		OR	ADDIT. FEE	
_		(Column 1)	•		mn 2) HEST	(Column 3)	<u> </u>					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T () A () A	=	↓ [X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM		┛	+135=		OR	+270=	
						Δ.	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)		0011.1 22		•	ADDIT: TEL	
AMENDMENT C	, .	CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T. O.L. A.I.A.	=	1 [X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	OLITE DE	FENDEN	CLAIM		┙┢	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									TOTAL			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEEOR ADDIT. FEE												
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												